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AGILENT TECH Legal Department, Intellectual Propert P.O. Box 7599		I S a tr	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.					
09/03/2004 WASFAW2 0		L	Linda A. Iimura		(Depositor's name)			
09/03/2004 WASFAW2 00000081 501078 10627308 01 FC:1501 1330.00 DA 02 FC:1504 300.00 DA					anda (	1 30 2004	(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENT			OR O	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/627,308	07/25/2003	You Kondoh				10020259-2	1912	
TITLE OF INVENTION: L	IQUID METAL MICRO-RE	ELAY WITH SUS	PENDED HEA	ATERS A	ND MULTILAYER	WIRING		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$300		\$300	\$1630	10/26/2004	
EXAMINER		ART UN	ART UNIT		SS-SUBCLASS			
KLAUS, LISA NHUNG		2832	200-182000					
1. Change of correspondenc CFR 1.363).	For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys							
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								

AGIDBRI IBCHNOLOGIBS, INC.	TABO ABIO, CABIFORNIA					
Please check the appropriate assignee category or categories (will not	be printed on the patent); 🔲 individual 🖫 corporation or other private group entity 🗀 government					
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
☑ Issue Fee	☐ A check in the amount of the fee(s) is enclosed.					
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☐ Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number					
5. Change in Entity Status (from status indicated above)						
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).					
	blication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.					

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